				47 A.S		78.50	F#457						A 100
	and the second			Refait	A CONTRACTOR	4674	WENNER.	App	lication		Doctors		
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	CLAIMS				•			1 10		<u>6/</u>	49		
<u> </u>			(Column 1) (Colu				SMALL ENTITY TYPE			OR	ОТН	ER THAN	V
OTAL CLAIMS		12	23				RAT		EE	Оп 		L ENTIT	
DR		NUMB	NUMBER FILED		NUMBER EXTRA		<b>}</b> ——	FEE 38		00	RATE BASIC FE		
OTAL CHARGEABLE CLAIMS		IS 23	23 minus 20=		. 3		-			OH.	ONSIC FE		
DEPENDENT CLAIMS		100	5 minus 3 =		· 2		XS 9=			OR	X\$1.8=	54.	00
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· · · · · · · · · · · · · · · · · · ·		<u> </u>					+145=		OR		+290=		7
the difference in column 1 is less than zero, enter "0" in column 2							TOTA	L		L	TOTAL	1901	_]
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RST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									OR	X	86=		
O THURCHING	mn 1 is less than the	M F-AC BUTLEC	COLOC I- I	4	A	L	145= TOTAL		OR		90=		
e "Highest Nu	mber Previously Pa	∼ror an ihis Mi For in this	BPACE IS less	than 20	0, enter 20.*	ADD	IT. FEE		OR	T ADOO	TOTAL T. FEE		